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FACSIMILE TRANSMITTAL SHEET

TO: Examiner Anuradha Ramana

FIRM/COMPANY: Mail Stop REISSUE

FACSIMILE NUMBER: 571 273 8300

**CONFIRMATION
TELEPHONE:**

FROM: Ruth Der, Paralegal

DIRECT DIAL: 415.957-3031

DATE: July 3, 2007

USER NUMBER:

FILE NUMBER: Atty. Docket No. R0372-00101, Reissue Serial No. 10/620,154

TOTAL # OF PAGES: 52
(INCLUDING COVERSHEET)

MESSAGE: Attached is *Supplemental Response To Office Action Mailed 09/08/2006* with attached *Mark-Up Of Amended Claims and Status And Support For All Claims Not Found In Issued Patent And Amendments Thereto Pursuant To 37 CFR §1.173(c)*.

Please confirm receipt of this facsimile.

NOTE: Original will not follow

CONFIDENTIALITY NOTICE

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If there is a problem with this transmission, please call us as soon as possible at 415.957-3000.

JUL 03 2007

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Reissue Application for

Patent No.: 6,261,291

Issued: July 17, 2001

Inventors: Talaber et al.

Reissue Serial No.: 10/620,154

For: ORTHOPEDIC IMPLANT ASSEMBLY

Filed: July 15, 2003

Examiner: Anuradha Ramana

Group Art Unit: 373

Atty. Docket No.: R0372-00101

TRANSMITTAL

CERTIFICATE OF MAILING PURSUANT TO 37 CFR 1.8

I hereby certify that this correspondence is being transmitted by facsimile (571) 273-3300 and addressed to Attention: Examiner Anuradha Ramana, Mail Stop REISSUE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 3, 2007, in San Francisco, CA.

By: 

Mail Stop Reissue
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

1. Transmitted herewith for filing in the above-identified patent application are:

- X Supplemental Response To Office Action Mailed 09/08/2006 including;
- X Mark-Up Of Amended Claims; and
- X Status And Support For All Claims Not Found In Issued Patent And Amendments Thereto Pursuant To 37 CFR §1.173(c).

2. Claims Fee Calculation

Description	Fee Code	Claims	Extra	Rate	Fee
Independent Claims	1204	10 - 16 =	0 x	\$200=	\$0.
Total Claims	1205	105 - 106 =	1 x	\$50=	\$0.

Total Claim Fees Due..... \$0.

3. Payment of Fees

- X The Commissioner is authorized to charge the fees due and to credit any overpayment of fees associated with this communication set forth under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. R0372-00101.

Respectfully submitted,

By: 

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Group Art Unit: 3733

Attorney Docket No.: R0372-00101

**SUPPLEMENTAL RESPONSE TO
OFFICE ACTION MAILED 09/08/2006**

CERTIFICATE OF MAILING PURSUANT TO 37 CFR 1.8

I hereby certify that this correspondence is being transmitted by facsimile (571) 273-8300 and addressed to Attention: Examiner Anuradha Ramana, Mail Stop REISSUE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 3, 2007 in San Francisco, CA.

By: _____

Mail Stop Reissue
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sirs:

In further response to the non-final Office Action mailed on September 8, 2006, and the Office Communication mailed on June 7, 2007, please replace the amended claim pages with the following new claim pages. A marked up copy of the amended claims indicating the changes made thereto is attached.